



NAME

SUFFIX (Jr., Sr., I, II, etc.)

dba

[illegible]BUSINESS/
DAYTIME PHONE --

SIGNATURE _____

By signing your name, you are affirming that the dba is true and legally correct.

NAME

[illegible]

dba

[illegible]

FEIN

BUSINESS/DAYTIME PHONE - -

EXTENSION

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OFFICER/PARTNER/ SOLE PROPRIETOR'S SIGNATURE _____

By signing, I affirm that the dba is true and legally correct on behalf of the entity named above.

Note: A dba will not appear on any license; therefore, a new license will not be produced by this notification of your dba.

When complete, please send to

Michigan Division of Insurance
PO Box 30220
Lansing, MI 48909-7720

OR

overnight to

611 W. Ottawa Street
2nd Floor
Lansing, MI 48933-1070

Our web site address is
<http://cis.state.mi.us/ofis>

Our toll free phone number is
1-877-999-6442